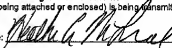


|   |                        |   |  |                    |                        |             |                    |                      |            |               |              |          |      |                     |                 |
|---|------------------------|---|--|--------------------|------------------------|-------------|--------------------|----------------------|------------|---------------|--------------|----------|------|---------------------|-----------------|
| <b>Effective on 12/06/2004.</b><br><b>Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4813).</b><br><h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3> |                        | <b>Complete if Known</b><br><table border="1"> <tr> <td>Application Number</td> <td>10/661,156-Conf. #6772</td> </tr> <tr> <td>Filing Date</td> <td>September 11, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Aaron Sato</td> </tr> <tr> <td>Examiner Name</td> <td>A. U. Dessai</td> </tr> <tr> <td>Art Unit</td> <td>1666</td> </tr> <tr> <td>Attorney Docket No.</td> <td>D0617.70012US00</td> </tr> </table> |  | Application Number | 10/661,156-Conf. #6772 | Filing Date | September 11, 2003 | First Named Inventor | Aaron Sato | Examiner Name | A. U. Dessai | Art Unit | 1666 | Attorney Docket No. | D0617.70012US00 |
| Application Number  | 10/661,156-Conf. #6772 |   |  |                    |                        |             |                    |                      |            |               |              |          |      |                     |                 |
| Filing Date   | September 11, 2003     |   |  |                    |                        |             |                    |                      |            |               |              |          |      |                     |                 |
| First Named Inventor  | Aaron Sato             |   |  |                    |                        |             |                    |                      |            |               |              |          |      |                     |                 |
| Examiner Name   | A. U. Dessai           |   |  |                    |                        |             |                    |                      |            |               |              |          |      |                     |                 |
| Art Unit  | 1666                   |   |  |                    |                        |             |                    |                      |            |               |              |          |      |                     |                 |
| Attorney Docket No.   | D0617.70012US00        |   |  |                    |                        |             |                    |                      |            |               |              |          |      |                     |                 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                        |   |  |                    |                        |             |                    |                      |            |               |              |          |      |                     |                 |
| TOTAL AMOUNT OF PAYMENT   | (\$)                   | 490.00  |  |                    |                        |             |                    |                      |            |               |              |          |      |                     |                 |

|  |   |   |                               |
|--|---|---|-------------------------------|
| <b>METHOD OF PAYMENT (check all that apply)</b>  |   |   |                               |
| <input type="checkbox"/> Check   | <input checked="" type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order  | <input type="checkbox"/> None |
| <input type="checkbox"/> Deposit Account   |   | <input type="checkbox"/> Other (please identify):                                 |                               |
| Deposit Account Number: 23/2825  |   | Deposit Account Name: Wolf, Greenfield & Sacks, P.C.                              |                               |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |   |                               |
| <input type="checkbox"/> Charge fee(s) indicated below   |   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |                               |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 |   | <input checked="" type="checkbox"/> Credit any overpayments                       |                               |

|   |                     |   |                      |                                  |                         |                              |                              |
|---|---------------------|---|----------------------|----------------------------------|-------------------------|------------------------------|------------------------------|
| <b>FEE CALCULATION</b>  |                     |   |                      |                                  |                         |                              |                              |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                      |                                  |                         |                              |                              |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b>   |                                  | <b>EXAMINATION FEES</b> |                              |                              |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Small Entity Fee (\$)</b>                            | <b>Fee (\$)</b>      | <b>Small Entity Fee (\$)</b>     | <b>Fee (\$)</b>         | <b>Small Entity Fee (\$)</b> | <b>Fees Paid (\$)</b>        |
| Utility   | 330                 | 165   | 540                  | 270                              | 220                     | 110                          |                              |
| Design  | 220                 | 110   | 100                  | 50                               | 140                     | 70                           |                              |
| Plant   | 220                 | 110   | 330                  | 165                              | 170                     | 85                           |                              |
| Reissue   | 330                 | 165   | 540                  | 270                              | 650                     | 325                          |                              |
| Provisional   | 220                 | 110   | 0                    | 0                                | 0                       | 0                            |                              |
|   |                     |   |                      |                                  |                         |                              | <b>Small Entity Fee (\$)</b> |
|   |                     |   |                      |                                  |                         |                              | <b>Fee (\$)</b>              |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                      |                                  |                         |                              |                              |
| <b>Fee Description</b>  |                     |   |                      |                                  |                         |                              | <b>Fee (\$)</b>              |
| Each claim over 20 (including Reissues)   |                     |   |                      |                                  |                         |                              | 52                           |
| Each independent claim over 3 (including Reissues)  |                     |   |                      |                                  |                         |                              | 220                          |
| Multiple dependent claims   |                     |   |                      |                                  |                         |                              | 390                          |
|   |                     |   |                      |                                  |                         |                              | 195                          |
| <b>Total Claims</b>   | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                         | <b>Fee (\$)</b>              | <b>Fee Paid (\$)</b>         |
| - or HP =   |                     | x   | =                    |                                  |                         |                              |                              |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                      |                                  |                         |                              |                              |
| <b>Indep. Claims</b>  | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> |                                  |                         |                              |                              |
| - or HP =   |                     | x   | =                    |                                  |                         |                              |                              |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                      |                                  |                         |                              |                              |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                      |                                  |                         |                              |                              |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                      |                                  |                         |                              |                              |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>      | <b>Fee Paid (\$)</b>             |                         |                              |                              |
| - 100 =   | /50 =               | (round up to a whole number) x                          | =                    |                                  |                         |                              |                              |
| <b>4. OTHER FEE(S)</b>  |                     |   |                      |                                  |                         |                              | <b>Fees Paid (\$)</b>        |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                      |                                  |                         |                              |                              |
| Other (e.g., late filing surcharge): 1252 Extension for response within second month  |                     |   |                      |                                  |                         |                              | 490.00                       |

|                     |                     |                                   |              |
|---------------------|---------------------|-----------------------------------|--------------|
| <b>SUBMITTED BY</b> |                     |                                   |              |
| Signature           | /Erik J. Spek/      | Registration No. (Attorney/Agent) | 61,065       |
| Name (Print/Type)   | Erik J. Spek, Ph.D. | Telephone                         | 617.646.8000 |
|                     |                     | Date                              | June 8, 2009 |

|   |  |   |
|---|--|---|
| <b>Certificate of Electronic Filing Under 37 CFR 1.8</b><br>I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).<br>Dated: June 8, 2009 |  | Signature:  (Heather A. McLennand) |
|---|--|---|